

## **The Global Fund for Forgotten People**

### **Grant Application Form 2019**

All applicants are reminded that they should refer to the Global Fund's **Grant Making Policy** to ensure their project is eligible to seek support

This is a Grant Application Form to be submitted to the Board of Trustees and Directors – The Global Fund for Forgotten People.

Please complete the requested information below, using bullet points or note form where possible.

If you have any questions at all, please contact the Grants Team in the UK – [grants@forgottenpeople.org](mailto:grants@forgottenpeople.org)

#### **GENERAL ORGANISATIONAL INFORMATION**

##### **Contact details**

Please provide details of the principle contact person for this application

<b>Contact name</b>	
<b>Job title</b>	
<b>Telephone (office)</b>	
<b>Mobile/Cell</b>	
<b>Email</b>	

##### **Organisation details**

Please provide details of the charitable organisation that controls or coordinates the project that you are submitting the application for.

<b>Charitable organisation name</b>	
<b>Web site</b>	
<b>Charitable registration authority</b>	
<b>Charitable registration number</b>	



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<b>Registered address of charitable organisation</b>	
<b>Country of registration (and Head Office, if this is different - please specify)</b>	
<b>Year of charitable registration</b>	
<b>Registered charitable purpose</b>	
<b>Principal charitable activities and location of activities</b>	
<b>Annual Income &amp; Expenditure (US\$)</b>	
<b>Details of Board of Directors or Trustees e.g. full names, contact details and positions held</b>	

## **PROJECT INFORMATION**

The following questions relate to the project that you would like The Global Fund for Forgotten People to support. Please complete all questions.

### **General information**

#### **1. What is your project called?**

*e.g. The Indonesian [disease] prevention initiative*

#### **2. Which Forgotten cause does it address?**

*Please indicate with 'X' in the relevant box*

- People with neglected diseases
- The elderly, lonely and isolated
- Children with parents in prison
- Children and adults born with disabilities
- The unacknowledged homeless
- Displaced people
- Mothers and new-borns without healthcare
- The marginalised and persecuted

#### **3. Does the Order of Malta own or control the project<sup>1</sup>?**

*Yes / No. If yes, please explain under what auspices. If no, please contact the International Fund Office for further guidance, as projects that are not owned or controlled by the Order of Malta may not be eligible for support.*

#### **4. Where does the project operate?**

*i.e. Geographical location.*

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<sup>1</sup> Implementation is either entirely by staff of the Order of Malta or by a local partner, with intensive monitoring and support from Order of Malta staff and a formal partnership in place.



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**5. What are the objectives of the project?**

*e.g. To provide healthcare for x community which is affected by x issue*

*e.g. To reduce infant mortality in x place by 40%*

**6. What are its key activities?**

*e.g. Establishment and construction of a small clinic with 50 beds*

*e.g. Local transport to enable remote communities to access services*

**Target Beneficiaries and Social Need**

**7. Who are the target beneficiaries of this project? Please provide a profile of those you are helping, explaining briefly the social need for the project and why the people you help are 'Forgotten'.**

*e.g. Homeless people living in the city. The city has the highest rate of homelessness in the country, with X number of people living on the streets. However, there is little social support or provision from the state meaning these people are often forgotten.*

**8. How many people do you anticipate helping?**

*e.g. X number of direct beneficiaries; X number of indirect beneficiaries*

**9. How many people are you currently helping?**

*e.g. 2,500; 25% of the population*

**10. Is there anything your project does that other agencies cannot or do not do?**

*e.g. we reach people who other charities miss by working closely with local residents*



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**11. How would you use a grant from The Global Fund for Forgotten People? Please be as specific as possible e.g. additional numbers reached, improved service provided**

*e.g. With \$x more funding we could reach x more people OR with \$x funding we could implement a new service area.*

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**Additional information**

**12. Are other charitable organisations working alongside you?**

*e.g. Yes, the Red Cross is helping under 5s with the same problem but no-one else targets the whole group*

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**13. Does the project have opportunities for donors to visit the project? (Not applicable to applications under \$10,000)**

*Yes / No. Please provide basic information/ experience if so.*

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**14. What measures are in place to ensure the project's long term future is secure? (Not applicable to applications under \$10,000)**

*e.g. We train x local nurses each year to deliver the work so that, over the course of five years, the project has a clear exit strategy; or we are co-operating with the local government to increase awareness of the issue and equip them to take responsibility (e.g. for finances or project delivery) or this intervention is by its nature unsustainable which is one reason the beneficiaries have largely been forgotten; nevertheless alternative sources of funding are being investigated.*

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**Financial information**

Please use this section to give us more information on the finances of the project in question and an indication of the amount you would like to apply for.

All grant amounts are awarded in US Dollars (US\$), however you may choose to have the funds transferred in a currency of your choosing.

<b>Total annual expenditure of project (US \$)</b>	
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<b>Amount allocated for administration and overheads (of existing annual expenditure, US \$)</b>	
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<b>Requested amount from The Global Fund for Forgotten People* (US \$)</b>	
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*\*Please attach in Excel a detailed annual budget for this project, including a breakdown of how the grant from The Global Fund for Forgotten People will be used.*

**Other sources of funding for the project**

*Donors (names), foundations and grants*

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**Does the project have matched funding available?**

Yes

No

**Is the project externally audited?**

Yes

No

**CHECKLIST AND SUBMISSION**

Please send the form to [grants@forgottenpeople.org](mailto:grants@forgottenpeople.org), for the attention of the 'Board of Trustees, The Global Fund for Forgotten People' (or in hard copy to the address below) attaching *where possible in English* (mark boxes for those attached):

Most recent annual report (if available)

Most recent financial statements (2 years), audited (if available)

Copy of charitable registration document(s)

Any press coverage or awards of recognition (if applicable)

Up to 10 photographs (with permissions if appropriate)

Any available references from other donors, beneficiaries / partner NGOs (if applicable)

Detailed budget/ financial summary for project and expenditure of grant (in Excel)

As part of the funding agreement, donors may wish to request external evaluation and/or updated copies of the above documentation at any time. Please confirm that this is acceptable.

Yes

You are welcome to provide any other background or supporting information which you think may be relevant to your application.

(Please note that funding is not guaranteed and will be considered on a case by case basis)

**Postal address:**

Board of Trustees, The Global Fund for Forgotten People

The Global Fund for Forgotten People  
30 Upper High Street  
Thame  
Oxfordshire  
OX9 3EZ  
United Kingdom

**GRANT TYPE**

Please tick the box for the type of grant you are applying for:

- Hospitaller Grant (recommended by a President or Hospitaller of the Order)
- Embassy Grant (recommended by an Ambassador of the Order)
- Vision 2050 Grant (work led by younger members and volunteers under the auspices of a local Association or other body of the Order)

**DECLARATION**

I confirm that:

- To the best of my knowledge and belief, all the answers given in this application are true and accurate.
- The organisation will adhere to the terms and conditions of the grant should this application be successful.
- I am duly authorised to sign this declaration on behalf of the organisation named on this application.
- If the funds are received, they will be used for the purposes stated above.
- Any funds not so used will be returned.
- Any reports requested on the use of funds will be submitted.



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**Signed\*:** \_\_\_\_\_

**On behalf of:** \_\_\_\_\_

**Position:** \_\_\_\_\_ *e.g. Project Manager/ Organisation Director*

**Date:** \_\_\_\_\_

*\*An electronic signature is sufficient.*